

Disaster Health Care Assistance Scheme Motor Vehicle and/or Accommodation Out-of-Pocket Travel Application (MS042)

When to use this form

Use this form if you are claiming motor vehicle and/or accommodation out-of-pocket travel expenses associated with the following adverse events:

- **2002 Bali** – Bombings in Bali on 12 October 2002
- **2004 Tsunami** – Indian Ocean tsunami on 26 December 2004
- **2005 London** – Bombings in London on 7 July 2005
- **2005 Bali** – Bombings in Bali on 1 October 2005
- **2006 Dahab, Egypt** – Bombing in Dahab, Egypt on 24 April 2006.

Important information

To claim for assistance, you must:

- be registered with the Disaster Health Care Assistance Scheme
- provide details of motor vehicle used to attend the medical or health care treatment(s)
- provide trip details
- provide your servicing provider and location details, **and**
- provide details of the accommodation (room only) costs incurred (if applicable).

Accommodation costs can only be claimed for the registered person and a support person where the medical or health care treatment provided is in a different town or region that is more than 50 kms from the registered person's home.

For more information

Go to servicesaustralia.gov.au/disasterhealthcare or call **1800 660 026** Monday to Friday, 7:30 am to 5 pm, Australian Western Standard Time.

Call charges may apply.

Returning this form

Return this form and copies of all receipts:

- by **email** to disasterhealthcare@servicesaustralia.gov.au
There may be risks with sending personal information through unsecured networks or email channels.
- by post to
Services Australia
Disaster Health Care Assistance Scheme
GPO Box 9822
PERTH WA 6848
- in person at one of our service centres.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

Services covered

- 1** What eligible adverse event are you registered under?
- 2002 Bali** – Bombings in Bali on 12 October 2002
- 2004 Tsunami** – Indian Ocean tsunami on 26 December 2004
- 2005 London** – Bombings in London on 7 July 2005
- 2005 Bali** – Bombings in Bali on 1 October 2005
- 2006 Dahab, Egypt** – Bombing in Dahab, Egypt on 24 April 2006

Registered person's details

- 2** Registered person's Medicare card number
 Ref no.
- 3** Registered person's name
 Dr Mr Mrs Miss Ms Other
 Family name
 First given name
- 4** Registered person's postal address

 Postcode
- 5** Registered person's preferred contact phone number (including area code)



MCA0MS042 2307

6 Registered person's email

Claim details

Out-of-pocket costs are paid for some or all of the travel and/or accommodation expenses detailed below.

7 Indicate the type of out-of-pocket costs you incurred:

Tick **ONE** only

Motor vehicle only **Go to 8**

Motor vehicle and accommodation **Go to 8**

Accommodation only **Go to 12**

Motor vehicle details

8 Registration number

9 Model/make and body type

10 Motor vehicle travel details

Trip 1

Dates of travel			
From (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
To (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and location of medical/health care facility	<input type="text"/>		
Name of servicing provider	<input type="text"/>		
Exact number of kilometres travelled	<input type="text"/>		

Trip 2

Dates of travel			
From (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
To (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and location of medical/health care facility	<input type="text"/>		
Name of servicing provider	<input type="text"/>		
Exact number of kilometres travelled	<input type="text"/>		

Trip 3

Dates of travel			
From (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
To (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and location of medical/health care facility	<input type="text"/>		
Name of servicing provider	<input type="text"/>		
Exact number of kilometres travelled	<input type="text"/>		

If you need more space, provide a separate sheet with details.

11 Did you also incur accommodation out-of-pocket costs?

No **Go to 13**

Yes

Accommodation details

Accommodation costs claimable do not include the costs incurred for food or beverages (including mini bar).

12 Accommodation 1

Name and address of accommodation	<input type="text"/>		
Accommodation dates			
Arrived (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Departed (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of persons in room	<input type="text"/>		
Amount paid (room cost only)	\$	<input type="text"/>	

Accommodation 2

Name and address of accommodation	<input type="text"/>		
Accommodation dates			
Arrived (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Departed (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of persons in room	<input type="text"/>		
Amount paid (room cost only)	\$	<input type="text"/>	

Accommodation 3

Name and address of accommodation

.....

.....

.....

Accommodation dates


Arrived (DD MM YYYY)

Departed (DD MM YYYY)

Number of persons in room

Amount paid (room cost only) \$

If you need more space, provide a separate sheet with details.

 Attach all receipts or invoices for the listed out-of-pocket travel and/or accommodation expenses.

Bank account details of person to be paid

13 Have you previously supplied your bank account details to the Disaster Health Care Assistance Scheme?

- No **Go to 15**
- Yes

14 Do you still want to use those bank account details?

- No
- Yes **Go to 16**

15 The account must be in your name. A joint account is acceptable.

Payments cannot be made to credit card, loan or mortgage accounts.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

.....

Privacy notice

16 The privacy and security of your personal information is important to Services Australia, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Claimant's declaration

The person who incurred the out-of-pocket travel and/or accommodation expenses must complete this declaration.

17 I declare that:

- I have read the information on page 1 of this form.
- I am registered and eligible to receive assistance under the Disaster Health Care Assistance Scheme.
- I hereby claim payment for out-of-pocket expenses incurred as a result of an adverse event covered by the Disaster Health Care Assistance Scheme.
- I incurred the travel and/or accommodation out-of-pocket expenses being claimed.
- the travel and/or accommodation out-of-pocket expenses being claimed are related to medical or health care treatment(s) for an injury or injuries caused by an adverse event covered under the Disaster Health Care Assistance Scheme.
- all out-of-pocket expenses claimed by me relate to goods and/or services for which I am entitled to claim payment under the Disaster Health Care Assistance Scheme.
- the information I have provided in this form is complete and correct.

I authorise:

- Services Australia to contact the provider of the goods and/or services and/or the originator of any documentation if clarification of details in accounts, receipts and/or statements is required for payment purposes.
- Services Australia to obtain personal information from other agencies and organisations for the purpose of assessing claims.

I consent to:

- Services Australia using my Medicare card number to validate appropriate payments.

I understand that:

- payments are provided under the Disaster Health Care Assistance Scheme as a result of information that I have provided.
- giving false or misleading information is a serious offence.
- giving false or misleading information may result in Services Australia recovering payments provided by Disaster Health Care Assistance Scheme.

Claimant's signature



Date (DD MM YYYY)